## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in 1C 5-2-15-3.

Date:	<u>04-21-08</u>	Address:	10948 Lower Lake Shore dr
Case #:	<u>14-37809</u>		Monticello, in
County:	<u>carroll</u>		
Type of Laboratory Seizure (check one)  Operational Lab		Scizure Location (check all that apply)  Residence Hotel/Motel	
☐ Cĥemic ☑ Damps	cal/Glassware/Equipment (only) ite (only)	Outbuilding Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): open air			
Corrosive Acid:			
Corrosi	ve Base:		
Other (i	tern and location):		
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrind ☐ Retail/Mo	e Information e/Pscudocphedrine Tracking Log erchant Tip nmunity tip
	t is to be faxed to the following agen		
Fire Depart	ment: Monticello	Fax: <u>574-5</u> 8	<u>83-3151</u>
Health Dep	artment: Carroll	Fax: <u>765-5</u>	
Child Prote	ction Service: <u>N/A</u>	Fax:	
For further : Investigation	information regarding this methamphe g Officer: <u>Holeman</u> Phor	etamine laboratory, co ne 765-567-2125	ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing,

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention,